REMARKS

The Office Action mailed February 27, 2002, has been carefully reviewed and considered. Claims 1-27 and 29-38 were pending in the present application. By way of this amendment and reply, claims 1, 14, 30, 33 and 38 have been amended. No new matter has been introduced and no new issues are raised. Accordingly, claims 1-27 and 29-38 are pending for consideration.

Applicant appreciates the courtesies extended to Applicant's undersigned representative during a telephone interview conducted on May 3, 2002. During that interview, claim amendments were discussed which would more clearly distinguish the claimed invention from the prior art and would overcome the outstanding rejections. Accordingly, Applicant has amended independent claims 1, 14, 30, 33 and 38. Specifically, the Examiner suggested amending making more clear the movement through the multiple levels of service to illustrate that it is not random. Further, the Examiner suggested making clear that the levels of service were distinct. The independent claims have been reviewed and amended to ensure that these two suggestions were addressed.

In the outstanding Office Action, claims 14, 15 and 30 were rejected under 35 U.S.C. § 112, second paragraph as allegedly indefinite. In response, Applicant has amended claims 14 and 30. Accordingly, the rejection is believed to be overcome. Regarding claim 15, and as discussed during the interview, Applicant respectfully submits that the claim needs no further amendment. The phrase "practice guidelines of the inquirer's geographic region" means the practice guidelines in place for the geographic region where the inquirer is located. Should the Examiner have any further concerns regarding the language of any of the claims, he is invited to contact Applicant's undersigned representative by telephone who will endeavor to promptly address such concerns.

Also in the Office Action, claim 38 was rejected under 35 U.S.C. § 101 as allegedly lacking patentable utility. This claim has been amended to be placed in means-plus-function format, thus addressing the rejection.

Furthermore, in the Office Action, claims 1-17, 19-24 and 29, 30 and 37 remain rejected under 35 U.S.C. § 102(e) as allegedly anticipated by Douglas et al. (U.S. Patent No. 6,039,688). In addition, claims 18 and 31 remain rejected under 35 U.S.C. § 103(a) as allegedly unpatentable over the same reference. Also in the Office Action, claims 14, 20, 25-27, 30 and 32-36 were rejected under 35 U.S.C. § 102(e) as allegedly anticipated by Brown (U.S. Patent No. 6,168,563). In view of the amendments to the claims, these prior art rejections have been overcome

These claim amendments notwithstanding, Applicant maintains that for reasons already of record, the cited references do not anticipate or render obvious the claims of the present invention. To summarize simply Applicant's previous remarks and the discussion during the interview, neither reference discloses or suggests the "levels of service" configuration and structure of the present invention.

Applicant respectfully submits that the claims are now in condition for allowance and solicits early notification of the same. Should there be any questions or concerns regarding the present application, the Examiner is invited to contact Applicant's undersigned representative by telephone.

Respectfully submitted,

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VERSION WITH MARKINGS TO SHOW CHANGES MADE

Marked up rewritten claims:

- 1. (Amended) A multiple level service system comprising a processing device responsive to inquiries received over a communications medium, wherein the processing device identifies a level of service required based on said inquiries, provides a user access to said identified level of service and provides [a] the user with sequential access to additional levels of service having progressively greater degrees of interaction [at respective levels of service], each of said levels of service being distinct.
- 14. (Thrice Amended) A networked system linking individuals with a server that provides [at least] one of the group consisting of medical, veterinary, and other health care information on subjects of interest to an inquirer, and [allows] provides the inquirer with sequential access to a plurality of levels of service having [to interact with health care professionals at several levels with] progressively greater degrees of interaction with health care professionals, each of said plurality of levels of service being distinct, from pure information gathering to medical diagnostic and therapeutic interventions.
- 30. (Thrice Amended) A method of providing [at least] one of the group consisting of medical, veterinary, and other health care information on subjects of interest to a user, the method comprising:

determining [a] an initial desired level of service access for the user;

accepting an inquiry from the user;

composing a search request based on the user inquiry;

searching a database, using the search request, in order to identify information requested in the user inquiry;

providing the search results to the user;

accepting a follow-up inquiry from the user which entails providing a higher level of service access than said initial level; and

allowing the user to request a consultation with a health care professional and, if desired by the user, providing the user with a list of possible health care professionals.

33. (Twice Amended) A health care system for delivering health care to a patient at any one of a plurality of levels of service, said system providing the patient with sequential access to remaining levels of said plurality that [provides] provide progressively greater degrees of interaction, each of said plurality of levels of service being distinct, the system comprising:

a server, communicatively coupled to a network, for receiving and transmitting signals;

a monitoring device, communicatively coupled to the network and adapted to be connected to the patient, which is adapted to monitor the patient and to transmit patient information to the server over the network when a highest level of service is utilized in the health care system;

a treatment device, communicatively coupled to the network and adapted to be connected to the patient, which receives a treatment signal from the server over the network and is adapted to administer a treatment to the patient based on the treatment signal received when the highest level of service is utilized in the health care system.

38. (Amended) A networked health care [service] system that provides a client with a plurality of levels of service, said system comprising:

a means for providing a first level of service, wherein [a] said first level [of the levels] of service provides primarily informational data to a user that has requested information, the informational data being provided to the user at a specific level of sophistication based on user-entered data that pertains to the user's ability to understand data provided to the user,

a means for providing a second level of service, wherein [a] said second level [of the levels] of service receives and processes comments from the user on an adequacy of the informational data provided to the user, and wherein a determination is made as to whether a referral to a professional is needed,

a means for providing a third level of service, wherein [a] said third level [of the levels] of service provides for a client-professional relationship to be established between the user and a health care professional who advises the user concerning additional information needed and other actions which should be taken in relation to health care treatment of the user, and

a means for providing a fourth level of service, wherein [a] said fourth level [of the levels] of service provides for physical interaction between the user and the health care professional, by way of monitoring devices or treatment devices directly coupled to the user, and wherein messages to and from the monitoring devices and the health care professional are provided so as to allow the health care professional to monitor patient parameters and to administer management advice for the user.